2019 Submission - Royal Commission into Victoria's Mental Health System

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"- More advertisements of celebrities who are prepared to share their story of mental ill-health and promote help-seeking behaviors. - More comprehensive articles and adds to depict what mental ill-health looks like, manifests in, behaviors it can lead to, etc in order to promote understanding and reduce judgement and discrimination. - Mental Health discussed in high schools and work places as mandatory Professional development units to help people to identify their peers who are struggling, and to know how to support them best. - Anti-bullying campaigns and anti-cyber bulling campaigns need to be stronger, and laws around persecution of bulling and cyber-bullying need to be stricter."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"- More beds in public inpatient units and community mental health residential programs - Access to psychiatrists through a bulk-billing system - many GPs are not experienced enough to diagnose and treat appropriately complex mental health issues, and when they refer on, there is no access to psychiatric consultations and assessments through an affordable psychiatrist who can recommend medication and treatment plans. - More options for treatment (psychiatrists and experienced therapists) in rural settings - perhaps higher rates for psychologists who practice in a rural setting? Or some sort of other incentive for psychologists and psychiatrists to travel to work/move to live and work in remote communities. - Although there has been an improvement in Police training in terms of mental health, they still need a lot training when it comes to dealing with people with mental health issues and substance use. There are too many instances of unnecessary police force on people who are unwell and using substances. I have witnessed these instances through my work as a Social worker in a AOD health care service where I work with the homeless, people who inject drugs, and people who street sex work. - Due to my work with people who are homeless, I deal a lot with people who are unwell but have no address. When calling to put in a CAT alert for these people, I often get met with the response ""there's nothing that we can do"". I think that the system needs to allow for people who are concerned about others, and who are trying to report someone who is unwell and get a response from crisis teams, to be able to do this without facing the ""There's nothing we can do"" line due to the person having no address. Surely there can be a place for sharing information about people who are out in public and unwell so we can collate and get a better picture of what is going on for these clients. - Who is responsible for people who can't care for themselves and who are substance using and who's needs are not met by mainstream services when AOD and Mental health keep shoving them back and forwards between the service sectors. Best Practice Evidence suggests Dual Diagnosis approaches work best, however the service systems are not set up to work like this, and so people's need continue to go unmet and people continue to suffer. "

What is already working well and what can be done better to prevent suicide?

"'- Working with Indigenous communities in rural areas to develop plans for mental health that fit within their belief systems and spirituality rather than trying to force on communities the western medical model of mental health care. There are high levels of suicide among these communities, especially when there is so much stigma and blame on communities and not enough understanding and compassion for generational trauma and institutionalization. - Some farmers in Victoria are suffering mental ill-health and its leading to high rates of suicide due to the drought, and therefore can't make a living off their land, and land that their family has owned for generations is being lost to the banks or to debt because there is no rain. And there isn't enough support for these guys financially or to support their sense of loss and "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"'- My family all have mental health issues and live in a small country town in Northern Victoria. My dad has Complex Post Traumatic Stress Disorder (CPTSD), Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD). Mum and my sister both have MDD, and the same sister also has GAD and Chronic Kidney Disease. Between them, they tried all the psychologists in the small town (only 2-3), and then in the larger centers around them, up to 75 minutes driving time one way. They were unable to get the support they needed, and so I had to find them therapists and psychiatrists in Melbourne, which takes them 3 hours to drive to. They couldn't sustain this travel time and cost, and so now go untreated and without any mental health support. My Dad has been unwell for 20 years, and I (Social worker, Masters in Counselling and Psychotherapy) know that a good therapist or psychiatrist could help him, however there just isn't one within an accessible distance to where they live, and travelling to Melbourne every week or two, taking time off work, the cost of this emotionally and financially just isn't viable.   - Finding a therapist is too hard no matter where you live. If you don't have access to the internet, and your doctor doesn't know a good one (yes, this has happened several times!) then you don't have much hope in finding your own support.   - GPs need educating and up-skilling in dealing with mental health. They are the first person who hears about a lot of people's mental health, and so many don't have the skills and resources to deal with disclosures of mental ill-health. Perhaps a mandatory number of PD hours for GPs in mental health should be enforced to keep their registration? - Better communication needs to occur between GPs and mental health services. Currently, there is not enough communication post inpatient stays and during their discharge planning into the community. This system needs to be much better and clearer.   "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"'- Isolation and stigma in remote communities is still huge! Not enough services in remote areas and not enough stigma breaking and fighting discrimination and generalization of mental health issues.   - Homelessness is a massive issue and leads to poorer mental health outcomes in people who sleep rough and have no where to call home. There is a sense of not belonging, anxiety and stress constantly, and a multitude of traumatic experiences that happen throughout the process of being homeless that contribute to people's mental ill-health. Long term housing issues would help people meet basic needs in order to work on their mental health. Its all related. "

What are the needs of family members and carers and what can be done better to support them?

"Family members are stuck fighting a system that is hard to navigate, hard to gain access into, expensive often, and can have huge wait times for services that are bulk billed. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

Mind Australia does peer work well. More models should look like theirs. However Peer workers need specific supports and leeway made for them. They have different needs to other workers and this needs to be accounted for.

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

N/A

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

N/A